RESED

PRINTED: 06/27/2007 FORM APPROVED OMB NO. 0938-0391

EMENT OF DEFICIENCIES PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

09G161

B. WING \_

A. BUILDING

COMPLETED

^NE OE	PROVIDER OR SUPPLIER	<del></del>	06/20/2007
CHRYSA	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE  3765 FIRST STREET, SE  WASHINGTON, DC 20020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION  X (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DA DEFICIENCY)
W 000	INITIAL COMMENTS	W 0	000
V 104	A recertification survey was conducted from June 18, 2007 thru June 20, 2007. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a resident population of six males with various disabilities. The survey findings were based on observations in the group home, interviews with residential, nursing and administrative staff. Review of records, including investigations of unusual incidents was also conducted. The survey findings determined that the facility failed to substantially comply with the Condition of Participation in Health Care Services. 483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observations, interviews and review of records, the facility's governing body provided general operating direction over the facility, except in the following areas:  The finding includes:  The governing body failed to ensure the maintenance of the facility's environment, as	W 10	
1	evīdencēd by:  a. Loose frame on wooden chair		until replaced completely.
j b	c. Carpet has loose strips in television area		
	c. Carpet has loose strips at the doorway of Client		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ļ	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G161	B. WIN	3 <u>—</u> —		06/20/2007	
CHRYSA	PROVIDER OR SUPPLIER			3765 F	ADDRESS, CITY, STATE, ZIP CODE FIRST STREET, SE HINGTON, DC 20020		0/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 104	Continued From page	ge 1	W 10	)4			
	chairs along the wal between teevision a						
W 120	483.410(d)(3) SERV OUTSIDE SOURCE		W 12	0	As response to W 120, the facility say as follows:	у	ongoing
:	This STANDARD is Based on observation record review, the farmonitor each client's	not met as evidenced by: ns, staff interview, and cility failed to effectively day program to assure that for one of three clients in the			a. The Day Program was fully aw that client #3 uses an open handle spout mug. b. Client continues to use an open handled spout mug in the day program. The QMRP will further have a caconference with the day program ensure that the use of the mug is skipped any day.	ed n ase . to	7/26/07
	18, 2007 at approxim that Client #3 was se divided plate and he spoon in his right har revealed that Client # drinking from the papthe day program staff approximately 11:50 that Client #3 used a opened handled spourther interview reverse	ne lunch mealtime on June nately 11:40 AM revealed rved his prescribed diet in a was holding a built-up angled nd. Further observation a coughed twice when her cup. In an interview with fon June 18, 2007 at AM it was acknowledged paper cup instead of an at mug during mealtime, ealed that Client #3 did have pout mug to use at the day					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE : COMPL	SURVEY ETED
		09G161	B. WING _		06/	20/2007
NAME OF F	PROVIDER OR SUPPLIER		3	REET ADDRESS, CITY, STATE, ZIP C 1765 FIRST STREET, SE VASHINGTON, DC 20020		2.007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 125	2006 on June 19, 2 revealed that it was utilize an opened had mealtime. Review of assessment dated \$\foat{1}{2006}\$ at approximate recommendation to There was no evide handled spout mug in the day program. 483.420(a)(3) PROTRIGHTS  The facility must ensity the facility individual clients to easily and as of the facility, and as	Plan (ISP) dated June 13, 007 at approximately 9:25 AM recommended that Client #3 andled spout mug during of the Speech Therapist May 28, 2006 on June 19, ely 9:50AM revealed a monitor client for rapid eating, nce Client #3 used an opened as recommended by the ISP FECTION OF CLIENTS  sure the rights of all clients, y must allow and encourage exercise their rights as clients is citizens of the United States, file complaints, and the right	W 120	As response to W 125, the says that the Human Rights Committee of the Company the door alarm system cited and decides whether to appropriate to a larm system or not T decision of the committee wupheld and implemented to adequate protection of the rithe individuals being served	y review I herein rove the The will be ensure	7/27/07
	Based on observation failed to demonstrate were protected and to individual clients to e					
	During the survey co there was a voice ala of the exit doors was Administrator on Jun at 3:00 PM revealed was to prevent intrud	nducted June 18-20, 2007, arm that rang each time one opened. Interview with the e 19, 2007 at approximately that the door voice alarm lers from entering the facility ealed that the door voice				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G161	B. WII	۷G	<del></del>	06/:	<sup>20</sup> /2007
NAME OF PE	ROVIDER OR SUPPLIER		<del>-</del> -	3765 I	ADDRESS, CITY, STATE, ZIP CODE FIRST STREET, SE HINGTON, DC 20020		2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 126	Human Rights Com 483.420(a)(4) PROT RIGHTS  The facility must ens Therefore, the facilit to manage their final to do so to the exten  This STANDARD is Based on observatio eview, the facility fai ight to be taught to r	ot been approved by the mittee (HRC). ECTION OF CLIENTS  sure the rights of all clients of their capabilities.  not met as evidenced by: n, interview and record of the clients of the cli	W		As a response to W 126, the facil says as follows:  a. Client # 3 has received a comprehensive money managem assessment.  b. The QMRP will ensure effectimplementation of any program based on the assessment for client #3.  c. Aggressive quality assurance where provided henceforth to ensure that client # 3 and other individuate being served receive money management assessments timorously to ensure continuous protection of the rights of the individuals to manage their finance affairs to best of their capabilities.	ent ve t vill uls	7/10/07 ongoing 7/10/07 and ongoing
P a n m cc R (I 4: st w of W 159 48 in in	Professional (QMRP pproximately 4:15Pl of received a compromanagement assess urrent skills and specieview of Client #3's SP) dated June 13, 2:20PM on April 19, 2:20PM	ment that outlined his scific needs in this area. Individual Support Plan 2006, at approximately 2007 confirmed the QMRP's since no evidence that Client #3 the his finances to the extent DED MENTAL DESSIONAL the eatment program must be and and monitored by a	W 1	59			

STATEMENT OF DEFICIENCIES (X1 AN D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G161	B. WII	۱G		06/	20/2007
CHRYS	F PROVIDER OR SUPPLIER			376	ET ADDRESS, CITY, STATE, ZIP COD 5 FIRST STREET, SE ISHINGTON, DC 20020		20/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	Based on interview, Qualified Mental Re (QMRP) failed to en services for two of the (Client #1 and Client #1 and Client #1 and Client #1 adaptive feeding equevidenced by:  Dinner observation of approximately 6:05 F was using a bulit-up hand to eat his presorplate. In an interview on June 18, 2007 at acknowledged that Client #1 acknowledged that Client #1 approximately 6:05 F was using a plate guard of the OT assessment and the OT assessment on June 19, 2007 at a revealed a recommendation that guard during mealtim Client #1 used a plate the ISP.	and record review, the tardation Professional sure the coordination of pree clients in the sample. It #3)  to ensure that the direct care at to use the appropriate dipment at mealtime as  In June 18, 2007 at PM revealed that Client #1 handled teaspoon in his right with the client's one to one approximately 6:15 PM it was lient #1 used a scoop plate and during mealtime. Review at dated November 11, 2006 approximately 12:55 PM andation for Client #1 to utilize what of the Individual Support ember 14, 2006 on June 8, y 12:45 PM revealed a Client #1 utilize a plate e. There was no evidence agard as recommended by	. W 1	59	In response to W 159(1), the says as follows:  1. Although the purpose of of a plate guard is to prevent spillage and a scoop plate all prevents spillage, the direct staff has been retrained to enthat client #1 uses only plate during mealtime until the Orreviews the assessment.  The QMRP and the Manage aggressively monitor the statensure consistent compliance this protocol.  2. As response to W 159(2), facility say as follows:  a. The Day Program was full that client #3 uses an open he spout mug.  b. Client continues to use an handled spout mug in the day program.  The QMRP will further have conference the day program ensure that there is no repeat deficiency and or other conces. As a response to W. 159(3) facility says the direct care stoen in serviced to ensure that #3 and other individuals being served use the appropriate an recommended adaptive equip during mealtime.  The QMRP and the House Me will monitor the staff to ensure compliance with the mealtime.	the use t so care isure guard  r will ff to e with  the ly aware andled open of the erns. ) the aff has at client ing d ments  anager e full e	6/27/07 and ongoing  7/26/07  6/27/07 and ongoing  ongoing
: ;	<ol> <li>The QMRP failed to Client #3's day progra adaptive equipment d evidenced by:</li> </ol>	o coordinate services with m to ensure the use of uring mealtimes as		  -  -  -  -	protocol for all the individual served in the facility.		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEPARTMENT OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEPARTMENT OF CONTRUCTION NUMBER:  A. BUILDING			(X3) DATE COMPI	SURVEY LETED	
		09G161	B. WING		06/	20/2007
NAME OF F	ROVIDER OR SUPPLIER		37	EET ADDRESS, CITY, STATE, ZIP 65 FIRST STREET, SE ASHINGTON, DC 20020	·····	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 5	W 159	-		:
	18, 2007 at approximated that Client #3 was so divided plate and he spoon in his right has revealed that Client drinking from the pathe day program state approximately 11:50 that Client #3 used a opened handled spot Further interview revean opened handled program during mea Individual Support P 2006 on June 19, 20 revealed that it was utilize an opened hamaltime. Review of assessment dated M 2006 at approximate recommendation to There was no evider	the lunch mealtime on June mately 11:40 AM revealed erved his prescribed diet in a was holding a built-up angled and. Further observation #3 coughed twice when uper cup. In an interview with ff on June 18, 2007 at PM it was acknowledged a paper cup instead of an out mug during mealtime. Evealed that Client #3 did have spout mug to use at the day ellime. Review of the lan (ISP) dated June 13, 1007 at approximately 9:25 AM recommended that Client #3 andled spout mug during f the Speech Therapist May 28, 2006 on June 19, 19, 9:50AM revealed a monitor client for rapid eating. Ince Client #3 used an opened as recommended by the ISP arm.				
; ;	staff allowed Client#	to ensure that the direct care 3 to use the appropriate ipment at mealtime as				
	18, 2007 at approxim Client #3 was served divided plate and he spoon in his right har revealed that Client #	ne dinner mealtime on June nately 6:05 PM revealed that his prescribed diet in a was holding a built-up angled nd. Further observation 3 coughed twice when lard type cup. In an interview				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA : IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
		09G161	B, WIN	G	06/2	20/2007	
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
	approximately 6:12 Client #3 used a state opened handled spot Review of the Individated June 13, 2006 approximately 9:25 arecommended that the handled spout mughthe Speech Therapit 2006 on June 19, 20 revealed a recommended by the speech Therapit used an opened har recommended by the 4. The QMRP failed been effectively train measures for six of evidenced by:  Interview with the QMapproximately 1:45 Fewould be trained in CR ecord review on June 1:50 PM revealed the hot have current CPR documented evidence CPR training and curbon the current open effectively training and	PM it was acknowledged that andard cup instead of an out mug during mealtime. idual Support Plan (ISP) on June 19, 2007 at AM revealed that it was Client #3 utilize an opened during mealtime. Review of st assessment dated May 28, 206 at approximately 9:50AM endation to monitor client for e was no evidence Client #3 added spout mug as e ISP in the facility.  If to ensure that all staff had ned to implement emergency six clients in the facility as  MRP on June 19, 2007 at PM revealed that all staff CPR by June 22, 2007. Inc. 19, 2007 at approximately that nine out of twenty staff did R certification. There was no be that all direct care staff had rent CPR certifications.  It o ensure that all staff had ded to implement emergency six clients in the facility as  MRP on June 19, 2007 at PM revealed that all staff had ded to implement emergency six clients in the facility as	W 1:	W159 483.420 (a) QM #4 & 5: Staff training had indeed of re-training in CPR and First Aid had scheduled with an outside qualified However, each shift did have covera staff person whose certification had expired. Staff have attended/ passe First Aid training.	expired and been trainer. age by a	7/10/07	
ļ V F	vould be trained in F Record review on Jur	irst Aid by June 22, 2007. ne 19, 2007 at approximately			!		

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	PIPLE CONSTRUCTION		E SURVEY IPLETED	
		09G161	B. WING _	06		/20/2007	
NAME OF	PROVIDER OR SUPPLIER		;	REET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020		2007	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	did not have current was no documented staff had First Aid tracertifications.  6. The QMRP failed received a compreh assessment that our specific needs as evaluation of the professional (QMRF approximately 4:15F not received a compreh assessment assess current skills and sproximately 4:15F not received a compreh management assess current skills and sproximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compreh to the professional (QMRF approximately 4:15F not received a compr	hat seven out of twenty staff to First Aid certification. There devidence that all direct care aining and current First Aid  to ensure that Client #3 had ensive money management thined his current skills and videnced by:  ualified Mental Retardation by on June 19, 2007 at by merealed that Client #3 had rehensive money sment that outlined his ecific needs in this area. Individual Support Plan 2006, at approximately 2007 confirmed the QMRP's as no evidence that the Client mage his finances to the ty.	W 159	As a response to W 159(6), the facility says as follows: a. Client # 3 has received a comprehensive money management assessment. b. The QMRP will ensure effective implementation of any program based on the assessment for client #3. c. Aggressive quality assurance will be provided henceforth to ensure that client # 3 and other individuals being served receive money management assessments timorously to ensure continuous protection of the rights of the individuals to manage their financial affairs to best of their capabilities.		7/10/07 ongoing 7/10/07 and ongoing	
	areas on June 19, 20 10:00AM revealed th chair in the facility for bathtime. In an inter 19, 2007 at approxim acknowledged that C shower chair. Review assessment dated M approximately 10:30	at there was not a shower Client #3 to utilize during view with the QMRP on June hately 10:15 AM it was lient #3 did not have a w of Client #3's OT		#7: Client #3-has the use of a best shower bench, making an additional chair redundant, and reducing bathin Prior to the home's relocation to this shower chair was utilized, and then dafter our move. The purpose of using "shower chair" is for the person to sit while bathing; the shower bench facili purpose.	shower g space, facility, a iscarded ; a		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
		09G161	B. WING _	<u> </u>	06/2	20/2007
CHRYS/	PROVIDER OR SUPPLIER		;	REET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULDBE	(X5) COMPLETION DATE
W 159	Continued From pag		W 159			1
W 192		ommended by the OT. F TRAINING PROGRAM	W 192			
	For employees who must focus on skills toward clients' healt	work with clients, training and competencies directed h needs.		W192 483.430 (e) (2) 3 Training Program #1 & #2: Staff training had	indeed	:
	Based on observation review, the facility facility facility facility facility facility.	not met as evidenced by: on, staff interview and record iled to effectively train staff to cy measures for six of six (Clients #1, #2, #3, #4, 5 and		expired and re-training in CPR and Find the been scheduled with an outside quatrainer on the best available date. Heach shift did have coverage by a st whose certification had not expired, attended/ passed CPR and First Aid	alified However, aff person Staff have	7/10/07
	The findings include					, ;
;	approximately 1:45 F would be trained in C Record review on Ju 1:50 PM revealed th not have current CPI documented evidence	QMRP on June 19, 2007 at PM revealed that all staff CPR by June 22, 2007. ne 19, 2007 at approximately lat nine out of twenty staff did R certification. There was no be that all direct care staff had crent CPR certifications.				
	approximately 1:55 F would be trained in F Record review on Ju 2:00 PM, revealed th did not have current was no documented staff had First Aid tracertifications.	QMRP on June 19, 2007 at PM revealed that all staff Tirst Aid by June 22, 2007. Inc. 19, 2007 at approximately at seven out of twenty staff First Aid certification. There evidence that all direct care ining and current First Aid	W 212			
	The comprehensive t	functional assessment must g problems and disabilities	*		: :	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		09G161	B. WING	S	06/:	20/2007
NAME OF F	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CO 3765 FIRST STREET, SE WASHINGTON, DC 20020	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 212	Continued From pa and where possible	· ·	W 21	12		
	Based on interview failed to ensure that sample who was remedications had a procession of the ensure that sample who was remedications had a procession of the ensure that sample who have the procession of the ensuring staff on approximately 4:40 medication was premanagement. Reviorders dated May 3 approximately 11:15 mg and Zyprexia 10 was incorporated in (BSP) dated Septembehaviors associate self-injurious behaviors associate self-injurious behaviors at approximately 11:25 documented evidence of the procession on Mapproximately 11:25 documented evidence medications and the procession on Mapproximately 11:25 documented evidence medications and the procession of the proc	evening medication one 18, 2007, at approximately client #2 received Revia 50 client #3, 2007, at PM, revealed that the scribed for behavior ew of the client's physicians 1, 2007, on June 18, 2007 at 6 AM, revealed that Revia 50 client #2 a day a Behavior Support Plan ber 20, 2006, to address d with physical aggression, or, PICA, tantrumming and view of Client #2's medical arch 29, 2007, on June 19, ely 11:20 AM, revealed that dications were prescribed to associated with a diagnosis of Review of Client #2's lay 16, 2007, at AM, revealed no		In response to W 212, facility says as follows a. Client # 3 does not rany psychotropic drug client#2 does. Client # 2 has a comprehensive psychia assessment as desired a in the file.	: eceive but atric	7/14/07
	assessment. 483.440(e)(1) PROC	BRAM DOCUMENTATION	W 25	2		

STATEMENT OF DEFICIENCIES AN D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		SURVEY LETED
		09G161	B. WIN	NG		20/2007
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 3765 FIRST STREET, SE WASHINGTON, DC 2002	, ZIP CODE	
(X4) ID PREFIX TAG	, (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CRO\$\$-REFERENCED	I OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
W 252	Continued From particle Data relative to accomplete problems.  This STANDARD is Based on staff internation facility failed to ensure the program Plan (IPP) consistently and accomplete program Plan (IPP) consistently and accomplete program problems. The finding includes Client #1 was obsernated approximately 4:40F aggressive and known out of the Licensed hands. Review of CPlan (BSP) dated Detail 19, 2007 at approximately 2007 at approxim	ge 10 complishment of the criteria dividual program plan documented in measurable and record review, the complete that each client's Individual objectives are documented curately for one of three e.(Client #1)	W 2	DEFICI	interpretation of the staff of client #1 and consistent ehavior incidents eed other erved at all times.  House Manager mitor the staff to d consistent	6/27/07 and ongoing Ongoing
W 310	towards self and oth Further record review document the target Antecedent Behavio On June 19, 2007 at review of the data chidd not exhibit any ta 2007. There was no been collected in acc Client #1, which was assessment of the c 483.450(e)(1) DRUG	r Consequence (ABC) charts. approximately 4:20PM the nart revealed that Client #1 regeted behaviors on June 18, evidence that the data had cordance with the BSP for necessary for a functional lient's progress.	W 3 <sup>-</sup>	10		

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPL	BURVEY ETED
<u>'</u>		09G161	B; WING_		06/2	20/2007
CHRYS	PROVIDER OR SUPPLIER		3	REET ADDRESS, CITY, STATE, ZIP COD 1765 FIRST STREET, SE WASHINGTON, DC 20020		2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULDBE	(X5) COMPLETION DATE
	This STANDARD is Based on observation review, the facility far administered for belinterfere with the dathree clients in the secondary of the finding includes.  Observation of Capproximately betwee revealed that the clie and out of sleep dur laid on the couch in observation revealed physical/verbal promup and go to the bat staff member. Internue 19, 2007 at application they did not war because the facility when he came to the meeting that was solved to the meeting that was solved to documented evidence.	dividual client's daily living a not met as evidenced by: on, interview, and record alled to ensure that medication navior management does not ily living activities for one of ample. (Client #1).  lient #1 on June 19, 2007 een 12:45PM- 2:30PM ent appeared to be drifting in ing that period of time as he the living room. Further If that with several epts the client was able to get aroom with his one to one view with the Administrator on proximately 2:15PM revealed at to awaken the client vanted the psychiatrist to a was excessively sleeping a psychotropic review neduled that day. There was ence to substantiate that ered did not interfere with the	W 310	#1: Client #1 was actively be evaluated for the sedated behavior began prior to the survey date by his physician after the neurologist intrinew medication to Client #1's drug The suspected offending drug was pending further evaluation and fol #2: The continued sedation is more immediate evaluation by and body to rule out more ominous und reasons for the behavior that were mediation related. Nothing was for the emergency room evaluation. Client work actively being medically evaluated sedated behavior which began pric survey date by his primary physicial neurologist introduced a new medic Client #1's drug regime. The suspending to the suspending medically evaluated sedated behavior which began pric survey date by his primary physicial neurologist introduced a new medic Client #1's drug regime. The suspending the survey date by the survey of the suspending the survey of the suspending the survey of the	eing medically or which his primary coduced a gregime. Their held low up.  brompted other medical derlying not und during lient #1 was for the proto the nafter the cation to ected	
	[Note: The psychiatrist did not come to the facility for the planned psychotropic review meeting on June 19, 2007]		offending drug was held pending fu evaluation and follow up.	urther		
	an unusual incident r	32.1 and W331.1. Review of eport dated June 20, 2007 at AM revealed that Client #1	;		· !	

STATEMENT OF DEFICIENCIES AN D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		09G161	B. WING	·	06/2	06/20/2007		
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT CROSS-REFERENCE PROFIXED CROSS-REFERENCE PROFIXED		OF CORRECTION (X\$) ACTION SHOULD BE TO THE APPROPRIATE ENCY)	
	#2 arrived on duty for approximately 7:45% drowsy at the time of morning medication (Topamax 300mg, F 400mg and Clarines) was transported to the evaluation of excess Interview with LPN # Medication Administration 20, 2007 at approximate Client #1 was administration Revia 50 mg, Thora 6:00PM and Klonop on June 19, 2007. The evidence to substantial administered did not daily living activities.	sing on the couch when LPN or medication pass at AM. Client #1 appeared too of medication pass and s were not administered Revia 50 mg, Thorazine of 5mg by mouth). Client #1 he emergency room for sive sleepiness at 9:05AM. #2 and review of the tration Record (MAR) on June trat	W 310	#3: Reports of sleening	of in Novombe a			
	on June 21, 2007 at revealed that on Nov November 20, 2006 Client#1 was observed at the day properties of the control of the c	approximately 11.45 AM, vember 1, 2006 and on the facility was informed that ed to sleep from the time he ogram until around lunch time 1) and sometimes would fall his lunch. Further interview #1 last attended day program will need to be medically hing to the day program. Topic review document dated on June 20, 2007 at 1 M revealed that "some day program". Further review document revealed g twice a day by mouth was hax 300mg twice a day by		#3: Reports of sleepir 2006: sedation significantly medication reduction.	g in November reduced with			

STATEMENT OF DEFICIENCIES (X1 AN D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G161	B. WING _		0.000.00		
NAME OF	PROVIDER OR SUPPLIER	300101	3	REET ADDRESS, CITY, STATE, ZIP CODE 765 FIRST STREET, SE VASHINGTON, DC 20020		0/2007	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IĎ PREFIX TAG	PROVIDER'S PLAN OF CORR. (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULDBE	(X5) COMPLETION DATE	
W 310	medically cleared of program]  4. Interview with L assessment dated 20, 2007 at approximate the day program are programs. Review document dated De 2007 at approximatarget behaviors are lower frequency, The mouth was increased.	PN #2 and review of an AIMS December 18, 2006 on June imately 1:40 PM revealed that was increased on December he day program stated that the for two hours after arriving at nd was not able to do of a psychotropic review ecember 19, 2006, on June 20, tely 1:45PM revealed that e stable but need to be of norazine 300mg twice a day by ed to Thorazine 400mg twice a re was no documented	W 310	#4: Client #1 was actively be evaluated for the sedated behavior began prior to the survey date by physician after the neurologist into new medication to Client #1's dru The suspected offending drug was pending further evaluation and follows:	or which his primary roduced a g regime. s held		
	evidence to substar administered did no daily living activities  5. Interview with LP progress note dated 2007 at approximate Client #1's father wis surrogate decision of the client's side effermedications adminished May 15, 2007 approximately 1:55 improvement ". Fur psychotropic review the side effects colubesides all of the ps	ntiate that medication of interfere with the clients' in the strength of the clients' in the strength of a nursing of May 15, 2007 on June 20, all 1:50PM revealed that the strength of the strength of a psychotropic stered to manage his targeted of a psychotropic review of a psychotropic review of June 20, 2007 at PM revealed "some		#5: Client #1 was actively be evaluated for the sedated behavio began prior to the survey date by high physician after the neurologist intrinew medication to Client #1's drug The suspected offending drug was pending further evaluation and follows:	r which his primary oduced a gregime held		

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE S COMPL		
		09G161	B. WI	VG	<u>-</u>	06/20/2007	
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	376	ET ADDRESS, CITY, STATE, ZIP C 55 FIRST STREET, SE ASHINGTON, DC 20020		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 318	The facility must en services requirement asservices requirement asservices requirement asservices requirement asservices requirement asservices requirement asservices asservation asservation asservation asservation asservation administration administration administration administration administration activities for C failed to ensure hear meet the needs of the facility failed to established the care monitori would ensure nursing accordance with cliefailed to provide evicemergency health care monitorices.	medication administered did e clients' daily living activities. ARE SERVICES sure that specific health care nots are met.  s not met as evidenced by: on, interviews, and record failed to effectively train staff ency measures [Refer to ailed to ensure that ered for behavior not interfere with the daily lient #1 [Refer to W310]; Ith services were provided to be clients [Refer to W322]; the colish systems to provide ng and identify services that g services were provided in nots needs [Refer to W331]; Itence of training in are to staff [Refer to W342].	W	t t	In response to W. 318, the fa follows:  1. The facility has now effect staff to implement emergiand the training was con 7/10/07  2. The facility facilitated the and reviews of the medicing for the medicing for the second form. The facility will aggressively monitor and side effects and effective management medication.  3. The facility had a meetin 7/16/07 and a review of communication process and the facility was made effectiveness. There is a communication line between parties, and this will ensistervices to the individual the facility.	cility says as ctively trained the gency measures ducted on e interventions cations of client ist and the nedications f client #1 to Day continue to report on the eness of behavior is.  g with PCP on the between the PCP of more more integrated ween the two ure better health is being served in	ongoing
		:	W 3	22	<ol> <li>All efforts will be employed attend to all follow up applabs as required by the patheneed of the clients and enhanced health service the facility.</li> </ol>	pointments or hysician to meet <sub>.</sub> nd provide	ongoing
	general medical care This STANDARD is Based on observatio review failed to provi	not met as evidenced by: n, staff interview, and record de preventive and general e clients in the sample.			5. Any obstacles, delays or efforts to enhance the he services to the individual the facility shall be clearl and reported. Efforts shamade to improve the modentification of services individuals being served	ealth care s being served in y documented Il at all times be enitoring and for the	ongoing

	TO TOTAL	TO MILDIOAID OLIVIOLO			OMBING	<u> 2. 093</u> 8-0391
STATEMENT OF DEFICIENCIES AN D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G161	B. WIN	3	06/	20/2007
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 3765 FIRST STREET, SE	)E	
				WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	: (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 322	Continued From pa	ge 15	W 3	22		:
	(Client #1, Client #2	-				
	The findings include	): :				
	to the facility's nursi transported to the e 2007 for excessive Review of an unusu 20, 2007 at approximation on the country for medication 7:45AM. Client #1 a time of medication pwere not administer.	lical services failed to respond ng staff when Client #1 was mergency room on June 20, sleepiness as evidenced by: al incident report dated June mately hat Client #1 was observed ch when LPN #2 arrived on pass at approximately ppeared too drowsy at the wass and morning medications and (Topamax 300mg by n, Revia 50 mg by mouth for		W322 483.460 (a) (3) Physicial #1: The primary care physicial #1 did not respond in a timely manursing phone calls. Nursing will a forms of communication with physicial	an for Client nner to exhaust all sicians: fax,	
	self-injurious behavi mouth for aggressio for allergy control). the emergency room sleepiness at 9:05Al review of the Medica (MAR) on June 20, 210:15AM revealed the administered Topam Thorazine 400mg by Klonopin 4mg by more Review of the Psych November 4, 2006 of approximately 12:32 has diagnosis of Authors. Further intervof the unusual incide 10:25AM revealed the times at approximate was left at his office.	or, Thorazine 400mg by n and Clarinex 5mg by mouth Client #1 was transported to n for evaluation of excessive M. Interview with LPN #2 and ation Administration Record 2007 at approximately nat Client #1 was nax 300mg, Revia 50 mg, mouth at 6:00PM and buth at bedtime for sleep. iatric Assessment dated		physician's assistant (PA) in lieu or contact with primary and continue phone calls as necessary with doc of all efforts. Should the physician demonstrate a pattern of unrespothe future, management will strive the underlying problem for appropresolution; failing those efforts to pattern of unresponsiveness, the facility will find it necessary to acq services from another physician.	d follow up umentation begin to nsiveness in to resolve riate resolve the corporation /	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		·	
	<u> </u>	09G161	B. WING		06/2	0/2007
CHRYSA	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	was transported to the was no documented the survey that the finursing staff when the emergency room excessive sleepines.  [Note: Review of the dated June 20, 2007 approximately 1:50F problems were diagnadvised to follow-up evaluation and work.  2. The facility's med that the referral for a completed for Client.  Review of a Primary medical consult date 2007 at approximate for a "MRI of the braconsult dated June 1 approximately 1:25P have referral; PCP pkeep still for exam". evidence that the reference that the reference of the services failed to ensadministered for behinterfere with the dail	the emergency room. There is evidence during the time of PCP responded to the facility's Client #1 was transported to in on June 20, 2007 for its.  The emergency room report is emergency room report is on June 20, 2007 at PM revealed that no acute nosed and that the client was with the PCP for further up for excessive sleeping.]  The facility's medical is evidenced by:  Care Physician (PCP) and June 8, 2007 on June 20, 2007 at Physician (PCP) and June 8, 2007 on June 20, 2007 at Physician (PCP) and June 8, 2007 on June 20, 2007 at Physician (PCP) and June 8, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and June 10, 2007 on June 20, 2007 at Physician (PCP) and Ju	W 32	#2: Referral for MRI was obtained appointment completed for MRI on 06 2007.  #3: Client #1 was actively being evaluated for the sedated behavior who began prior to the survey date by his physician after the neurologist introdunew medication to Client #1's drug real The suspected offending drug was hepending further evaluation and follow #4: Nursing shall document all communications with physicians on the appropriate format. Any clarification of the suspected of	medically hich brimary uced a gime. ld up.	
t	to notify the PCP tha 500mg by mouth in t	t Client #1's Depakote he AM and Depakote the PM was being held		orders shall be consistently document Initial order from MD was to hold all medications for 4 days. The drug in s was not resumed with the medication with the knowledge of the MD.	uspect	

NAME OF PROVIDER OR SUPPLIER  CHRYSALLIS  STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020  (X4) ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRO	06/20/2007
CHRYSALLIS  3765 FIRST STREET, SE  WASHINGTON, DC 20020  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL)	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRO	JLD BE COMPLETION
W 322 Continued From page 17 W 322	
5. Cross refer to W331.2. The facility's nursing services failed to ensure that Client #1 returned to the PCP's office in four days as recommended on June 8, 2007.  #5: Nursing shall document all communications with physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented. All efforts with used to obtain and attend all follow up appointments as required by the physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented. All efforts will used to obtain and attend all follow up appointments as required by the physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented. All efforts will used to obtain and attend all follow up appointments as required by the physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented. All efforts will used to obtain and attend all follow up appointments as required by the physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented. All efforts will used to obtain and attend all follow up appointments as required by the physicians on the appropriate format. Any clarification or modifications of medical orders shall be consistently documented.	r be vill be ongoing cian.
7. Cross refer to W331.4. The facility's nursing services failed to ensure that the results of Client #1's Depakote, CBC and CMP laboratory studies were obtained.  #6: All efforts will be used to obta attend all follow up appointments or lal required by the physician. Any obstacle delays or alteration to those efforts will clearly documented.	ongoing es,
8. Cross refer to W331.5 The facility's nursing services failed to ensure that Client #1's EEG was performed or scheduled as recommended.  #7: Nursing has limited authority obtain any lab reports since HIPPA. All obtained and filed within the facility are result of cooperative work with the physical office who initiates obtaining the result the processing lab.	l results e as a ⁄sician
9. Cross refer to W331.6 The facility's nursing services failed to ensure Client #3's laboratory studies were conducted timely as recommended.  10. Cross refer to W331.7. The facility's nursing services failed to obtain the results of Client # 3's urology consult.  #8: Client #1's EEG was schedule by nursing. Client #1 arrived late to fire due to am rush-hour traffic and the technique in the properties of the conducted timely as recommended.    Page 10	st appt chnician p. The
11. Cross refer to W331.8. The facility's nursing services failed to weigh Client # 2 twice a mouth times one month as recommended by the PCP.  12. Cross refer to W342. The facility's nursing  #9 - 11: All efforts will be used to obta attend all follow up appointments, labs results as required by the physician. An obstacles, delays or alteration to those will be clearly documented.	s or ongoing
services failed to ensure that all staff working with the clients has been trained on the signs and symptoms of aspiration for Client #1, Client #2 and Client #3.  W 331 483.460(c) NURSING SERVICES  #12 W322 Signs and symptoms of aspiration train were conducted on: June 27, 2007. The annual training.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G161	B. WIN	NĞ _		06/2	20/2007
NAME OF F	PROVIDER OR SUPPLIER			37	REET ADDRESS, CITY, STATE, ZIP CODE 765 FIRST STREET, SE VASHINGTON, DC 20020	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	This STANDARD is Based on staff interfacility failed to ensuaccordance with the the sample. (Client: The findings included 1. The nursing staff to the Primary Care #1's Depakote 1000 administered as recexcessive sleepines. During evening med 18, 2007 at approximate Practical Nurse #1 (Depakote 1000 mg administered per the (PCP) orders. Interv 2007 at approximate nursing staff was not because Client #1 was sleepiness. Further client's father reveal history of seizures be thirteen years. Revindaministration Recomposition and proximately 5:10F was not being administration order date 2007 at approximate Client #1 was ordere mouth every eight here.	povide clients with nursing noce with their needs.  Is not met as evidenced by: view and record review the are nursing services in a needs of two of two clients in #1 and Client # 3)  It is failed to document notification Physician (PCP) that Client are mg was being not being ommended because of	W	331	W331 483.460 (c) Nursing Service #1: Nursing shall document all communications with physicians on trappropriate format. Any clarification orders shall be consistently document initial order from MD was to hold all medications for 4 days. The drug in swas not resumed with the medication with the knowledge of the MD.	he of medical ited. suspect	ongoing

		IDENTIFICATION NUMBER:	A. BUI		G	COMPLETED	
		09G161	B. WIN	1G —		06/2	20/2007
NAME OF F	PROVIDER OR SUPPLIER			37	REET ADDRESS, CITY, STATE, ZIP CODE 765 FIRST STREET, SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRÉFI TAG	i	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 331	approximately 1:05i Depakote order was mg by mouth every by mouth every PM dated June 6, 2007 approximately 1:10 hold Clonazepam th forty- eight hours" consult dated June approximately 1:15i all prescription med call me if there is a documented eviden aware that the Depa administered after f due to excessive sign	on June 20, 2007 at PM revealed that the s changed to Depakote 500 AM and Depakote 1000 mg Review of a telephone order on June 20, 2007 at PM revealed an order to "his evening; hold Depakote for '. Review of a PCP medical 8, 2007 on June 20, 2007 at PM revealed an order to "hold dication for the next four days; problem". There was no nee that the PCP was made akote was not being four days as recommended eepiness.	W	331			
	that Client #1 return days as recommend evidenced by:  Review of a PCP m 2007 on June 20, 20 revealed an order to medication for the n is a problem; return with LPN #2 it was a did not return to the recommended. The evidence that Client office in four days a 2007.  3. The facility's nurs that Client #1 return	sing services failed to ensure hed to the PCP's office in four ded on June 8, 2007 as redical consult dated June 8, 007 at approximately 1:15 PM or hold all prescription next four days; call me if there in four days." In an interview acknowledged that Client #1 PCP's office in four days as are was no documented that returned to the PCP's is recommended on June 8, sing services failed to ensure need to the neurologist as une 6, 2007 as evidenced by:			#2: All efforts will be used to c attend all follow up appointments o required by the physician. Any obst delays or alteration to those efforts clearly documented.	or labs as tacles,	ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
		000404	B. WING							
NAME OF E	PROVIDER OR SUPPLIER	09G161	<del>                                     </del>	<u> </u>		20/2007				
CHRYSA		·	3	REET ADDRESS, CITY, STATE, ZIP COU 1765 FIRST STREET, SE VASHINGTON, DC 20020	DE					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		EDED BY FULL PREFIX (E/		RECTION (X5) SHOULD BE COMPLETIC PPROPRIATE DATE	
	on June 20, 2007 at revealed an order to eight hourshave pre-evaluation of med LPN #2 on June 20, PM it was acknowle return to the neurold recommended. The evidence that Client for re-evaluation as 2007.  4. The facility's nurs that the results of Cl CMP laboratory stude evidenced by:	ge 20 Ine order dated June 6, 2007 It approximately 1:10 PM In o'' hold Depakote for forty- atient see neurologist for dication." In an interview with 2007 at approximately 1:16 dged that Client #1 did not logist for re-evaluation as ere was no documented #1 returned to the neurologist recommended on June 6, ling services failed to ensure ient #1's Depakote, CBC and dies were obtained as	W 331	attend all follow up appointments required by the physician. Any ob delays or alteration to those effort clearly documented.	or labs as stacles, ts will be	ongoing				
	2007 on June 20, 20 revealed an order fo CMP today." Intervie 2007 at approximate #1's Depakote, CBC on June 8, 2007 in the facility.  [Note: Telephone int 21, 2007 at approximate results of Client #2 CMP levels will be facility.  [The facility's nursing the facility of CMP levels will be facility.]	edical consult dated June 8, 207 at approximately 1:15PM r "Depakote levels, CBC and ew with LPN #2 on June 20, ely 1:20 PM revealed Client and CMP levels were drawn he PCP's office. There was ence that the results of the CMP levels were obtained by erview with LPN #2 on June hately 12:30PM revealed that #1's Depakote, CBC and except to the facility on June 21, and services failed to ensure was performed or scheduled		obtain any lab reports since HIPPA obtained and filed within the facili result of cooperative work with the office who initiates obtaining the result of the processing lab. The physician possession of the results and the within the medical record in the factor of the	A. All results ty are as a e physician esults from had report is filed cility.  eduled twice to first appt e technician keep. The next					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII	ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
_		09G161	B. WIN	G	06/:	06/20/2007	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3765 FIRST STREET, SE WASHINGTON, DC 20020			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETION DATE	
	Review of the Prim dated June 8, 2007 approximately 11:50 recommendation for Interview with LPN approximately 10:50 laboratory study has scheduled. There was performed or such eduled. The facility's nursured that the laboratory of the Prim dated May, 2007 on approximately 3:50 precommendation for plasma levels done with Qualified Mental (QMRP) on June 193:51PM revealed that been performed or such education for plasma levels done with Qualified Mental (QMRP) on June 193:51PM revealed that been performed or such education of the laboratory of the l	ary Care Physician's orders on June 20, 2007 at DAM revealed a r Client #1 to have an EEG. #2 on June 20, 2007 at DAM revealed that the donot been performed or was no evidence that the EEG cheduled as recommended. The revealed as recommended as review with LPN #2 on June mately 12:25PM revealed that ed for an EEG on June 26, wing services failed to ensure by studies were conducted by:  The provided as recommended are Client #3 to have primidone every three months. Interview all Retardation Professional 1, 2007 at approximately at the laboratory study had not scheduled. Review of the	W 3	#6: All efforts will be use attend all follow up appointmerequired by the physician. An delays or alteration to those eclearly documented.	ents or labs as y obstacles,	ongoing	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDÉNTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G161	B. WING		06/20/2007	
CHRYSA	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CO 3765 FIRST STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	. ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 331	on June 19, 2007 a revealed that Client performed on June the QMRP on June 2:45 PM it was ackrurology results had facility. There was n	ge 22 consult dated June 6, 2006 t approximately 3:40 PM #3 had an examination 6, 2007. In an interview with 19, 2007 at approximately nowledged that Client #3's not been obtained by the o documented evidence that esults had not been obtained	W 33	#7: All efforts will be used attend all follow up appointmen required by the physician. Any odelays or alteration to those efforcearly documented.	ts or labs as obstacles,	ongoing
<u>W 342</u>	Review of the Prima progress note revea Client #2 to be weig month. In an interview 2007 at approximate acknowledged that (twice a week for on There was no docur #2 was weighed twice the facility.  9. Cross refer to W3 services failed to ensure the clients has been symptoms of aspirate Client #3.  483.460(c)(5)(iii) NU Nursing services muother members of the appropriate protection measures that include the progress of the client was a service to the propriate protection measures that include the progress of the propriate protection was a service to the propriate protection measures that include the progress of the propriate protection measures that include the progress of the propriate protection was a service to the propriate protection that the progress of the propriate protection that the propriate protection that the progress of the progress of the progress of the propriate protection that the progress of the	ary Care Physician's (PCP's) led a recommendation for ned twice a week for one with the LPN on June 20, sly 12:15PM it was Client #2 was not weighed a month as recommended. The neted evidence that Client are a week for one month by 42. The facility's nursing sure that all staff working with trained on the signs and ion for Client #1, Client #2 and RSING SERVICES st include implementing with a interdisciplinary team, we and preventive health le, but are not limited to	W 342	#8: Nursing shall ensure the orders are carried out and any many order or, inability to complet any order is clearly communicated documented.  #9: Signs and symptoms of training was conducted on: June	nodification in tely carry out ed and f aspiration	ongoing
; , ;	training direct care s symptoms of illness	taff in detecting signs and or dysfunction, first aid for and basic skills required to		:		:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G161	B. WING			06/20/2007	
NAME OF	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 1765 FIRST STREET, SE VASHINGTON, DC 20020		2007
(X4) ID PREFIX TAG			ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	Based on interview records, the facility's ensure that all staff been trained on the aspiration for three (Client #1, Client #2  The findings include  1. Observation of the 2007 at approximate client's one to one h to slow down his eat observation revealed and slowed down his training records on approximately 1:15F staff received training symptoms of aspirat Speech Therapist as 11, 2006 on June 19 1:10PM revealed a relient for rapid eating	s not met as evidenced by: with staff and review of the s nursing services failed to working with the clients has signs and symptoms of of three clients in the sample. and Client #3) : e dinner meal on June 18, ely 6:05PM revealed that the ad to give him verbal prompts ing pace. Further d that the client did comply s eating pace. Review of staff	W	342	#1-3: Signs and symptoms of aspir training was conducted on: 06-27-200 training was conducted by SLP a year a	7. Prior	
; ; ;	2007 at approximate client's one to one had to slow down his eat observation revealed and slowed down his training records on Japproximately 1.15P	that the client did comply eating pace. Review of staff					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		09G161	B. WING _		06/20/	2007	
	NAME OF PROVIDER OR SUPPLIER  CHRYSALLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	Speech Therapist a 2006 on June 19, 2 revealed a recomm rapid eating at mea of training on the sign aspiration.  3. Observation of the 2007 at approximate client had to given his eating pace. Fut that the client did contains and symptom Client #3's Speech May 28, 2006 on June 19:50AM revealed a the client for rapid experience.	ge 24  tion. Review of Client #2's ssessment dated October 14, 006 at approximately 10:54AM endation to monitor client for lime. There was no evidence gns and symptoms of  e dinner meal on June 18, ely 6:15PM revealed that the verbal prompts to slow down rther observation revealed omply and slowed down his w of staff training records on proximately 1:15PM revealed aff received training to address s of aspiration. Review of Therapist assessment dated ne 19, 2006 at approximately recommendation to monitor ating. There was no evidence gns and symptoms of	W 342	#1 - 3: Signs and symptoms of as training was conducted on: 06-27-2 training was conducted by SLP a yea is an annual training for all staff.	007 Prior		
W 436	The facility must fur and teach clients to choices about the u hearing and other cand other devices is interdisciplinary tear.  This STANDARD is Based on observation review, the facility facouned and/or considerant to the considerant teach teach the considerant teach teach the considerant teach teac	nish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, lentified by the mas needed by the client.  In not met as evidenced by: on, interview and record ailed to ensure that clients stently utilized prescribed, for two of three clients in the	W 436				

STATEMENT OF DEFICIENCIES AN D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
09G161		B. WIN	IG	06/	/20/2007	
CHRYS	<del></del>			STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	! (EACH DEFICIENC!)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD BE	(X5) COMPLETION DATE
	approximately 6:05 was using a bulit-up hand to eat his pres plate. In an intervie on June 18, 2007 a acknowledged that instead of a plate gu of the OT assessme on June 19, 2007 at revealed a recomma plate guard. Revi Plan (ISP) dated No 2007 at approximate was recommended	#1 and Client #3)		In response to W 436, the facility says as follows: As answer to W 436(1), the facility says that: 1. Although the purpose of the use of a plate guard is to prevent spillage and a scoop plate also prevents spillage, the direct care staff has been retrained to ensure that client #1 uses only plate guard during mealtime until the OT reviews the assessment.  The QMRP and the Manager will aggressively monitor the staff to ensure consistent compliance with this		6/27/07 and ongoing
	recommended by the 2. Observation during 18, 2007 at approximate and he spoon in his right has revealed that Client drinking from the pathe day program state approximately 11:50 that Client #3 used a copened handled spoprogram during meat approgram during meat approximate with the copened handled spoprogram during meating the copened handled spoprogram during meating the commend that the commend the commend that the comme	g the lunch mealtime on June mately 11:40 AM revealed erved his prescribed diet in a was holding a built-up angled nd. Further observation #3 coughed twice when per cup. In an interview with ff on June 18, 2007 at PM it was acknowledged a paper cup instead of an ut mug during mealtime. realed that Client #3 did have spout mug to use at the day ltime. Review of the lan (ISP) dated June 13, 07 at approximately 9:25 AM		2. As response to W 430 the facility say as follow a. The Day Program wa fully aware that client # uses an open handled spmug. b. Client continues to us open handled spout mug the day program. The QMRP will further	vs: s 3 pout se an g in	7/26/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUMBER 1096161		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	IULTIPLE CONSTRUCTION	(X3) DATE	
		09G161	B. WING		06/20/2007	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3765 FIRST STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	. ,	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	utilize an opened himealtime. Review assessment dated 2007 at approximate recommendation to There was no evide opened handled sprecommended by the second diet in a holding a built-up are Further observation coughed twice when type cup. In an interior June 18, 2007 at acknowledged that instead of an openemealtime. Review of (ISP) dated June 13 approximately 9:25 recommended that handled spout mug the Speech Therapi 2006 on June 19, 20 revealed a recommerapid eating. There #3 used an opened mealtime as recommended that handled spout mug the Speech Therapi 2006 on June 19, 20 revealed a recommerapid eating. There #3 used an opened mealtime as recommended that the speech Therapi 2006 on June 19, 20 revealed a recommerapid eating. There #3 used an opened mealtime as recommended that in the facility for bathtime. In an interior the speech that in the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior the speech that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime. In an interior that is the facility for bathtime.	andled spout mug during of the Speech Therapist May 28, 2006 on June 19, ely 9:50AM revealed a monitor client for rapid eating. Ince that Client #3 used an out mug at mealtime as the ISP at the day program.  Ing the dinner mealtime in the 2007 at approximately 6:05 elient #3 was served his divided plate and he was an additional spoon in his right hand. The revealed that Client #3 in drinking from a standard view with the direct care staff approximately 6:12 PM it was collent #3 used a standard cup of the Individual Support Plan 2006 on June 19, 2007 at AM revealed that it was collent #3 utilize an opened during mealtime. Review of st assessment dated May 28, 206 at approximately 9:50AM endation to monitor client for was no evidence that Client thandled spout mug at	W 4	3. As a response to W. 436(3) the facility so the direct care staff has I in serviced to ensure that client #3 and other individuals being served the appropriate and recommended adaptive equipments during meal.  The QMRP and the Hout Manager will monitor the staff to ensure full compliance with the mealtime protocol for al individuals being served the facility.  #4: Client #3 has the use of a built bench, making an additional si redundant, and reducing bathit to the home's relocation to this shower chair was utilized, and after our move. The purpose of "shower chair" is for the perso while bathing; the shower bence purpose.	time.  It the in hower chair ng space. Prior s facility, a then discarded if using a n to sit safely	6/27/07 and ongoing 6/27/07 and ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AN D PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTI	PLE CONSTRUCTION -	(X3) DATE SURVEY COMPLETED	
MADILLAN	OF CORNECTION	IDENTIFICATION NUMBER,	A. BUILDIN	G	OOM LETED	
		09G161	B. WING _		06/20/2007	
NAME OF F	PROVIDER OR SUPPLIER		3	REET ADDRESS, CITY, STATE, ZIP.CODE 765 FIRST STREET, SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION	
W 436	shower chair. Reviassessment dated approximately 10:3 revealed a recomm shower chair. Ther Client #3 had a a sliby the OT. 483.470(i)(1) EVAC	Client #3 did not have a ew of Client #3's OT May 20, 2006, at DAM on June 19, 2007 endation that the client have a e was no evidence that the nower chair as recommended UATION DRILLS	W 436 W 440	W440 483.470 (i)(1) Evacuation Drill	s	
W 441	This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts.  The finding includes: Review of the available fire drill records dated from January 18, 2007, to June 4, 2007 on June 19, 2007 at approximately 9:00 AM revealed that fire drills were not conducted on the evening and night shift during the second quarter. Further review revealed that fire drills were not conducted on the day and evening shifts during the third quarter. There was no evidence that every shift of personnel conducted an evacuation drill at least quarterly.  483.470(i)(1) EVACUATION DRILLS  The facility must hold evacuation drills under varied conditions.  This STANDARD is not met as evidenced by: Based on staff interview and record verification,		W 441	As per corporate & facility policy, eme evacuation drills are to be conducted on each shift. The facility conducts mevacuation drills alternating through this First Street facility admitted residu-26-2007. Prior to move in day, statesidents participated in their first fire 01-19-2007 at 11 am. A fire drill was conducted on different shifts in subsemenths. All fire drills will be conducted provided for in the policy with usage of different means of egress. No alterat pattern will be made by staff.	quarterly nonthly the shifts. dents on aff & e drill on equent	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PIPLE CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY COMPLETED		
		09G161	B. WING	<del></del>	06/20/2007		
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE WASHINGTON, DC 20020				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 441	varied conditions.  The finding includes  On June 18, 2007 a review of fire drill re Qualified Mental Re (QMRP) revealed th had not practiced ex of the facility. Most the front and side ex	nold evacuation drills under	W 441	As per corporate & facility policy, en evacuation drills are to be conducted on each shift. The facility conducts evacuation drills alternating through This First Street facility admitted results of the facility admitted results of the first street facility admitted results of the first formal of the firs	nergency ed quarterly monthly n the shifts sidents on staff & ire drill on as sequent ted as		
:						!	
				,			



PRINTED: 06/27/2007 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G161		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED			
NAME OF F	PROVIDER OR SUPPLIER	1 000,01	STREET AD	DRESS, CITY,	STATE, ZIP CODE	06/20/2007	
CHRYSA				ST STREET, STON, DC 2	, SE		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE COMPLET	
1 000	INITIAL COMMENT	S		000 1			
	18, 2007 thru June	ulation of six males we the survey findings we can in the group home lential, nursing and Review of records, usual incidents was a vey findings determination in Governing B	y was ocess. A elected vith were e, including also ed that with the				
1 090	3504.1 HOUSEKEE	PING	1	1 090			
	The interior and extermaintained in a safe and sanitary manner accumulations of direction odors.  This Statute is not in Based on observation records, the facility's	, clean, orderly, attra and be free of t, rubbish, and object net as evidenced by: ns, interviews and re governing body prov	ctive, tionable eview of rided		3504.1 HOUSE KEEPING In response to 1090, the facility says as follows: a. Loose frame on wooden chair has been fixed b. Loose carpet strips in television area has been fixed and will further be	6/21/07 and ongoing	
	general operating dir except in the followin ————————————————————————————————————	g areas:	y,		maintained until replaced completely c. Loose carpet strips at the	!	
	The governing body to maintenance of the face of the f	failed to ensure the	as		doorway of client #3's bedroom has been fixed and will be further be maintained until replaced completely.	i I	
<u> </u>	a. Loose frame on wo	ooden chair	The second secon				
	b. Carpet has loose s	trips in television are	a			!	
alth Regulat	tion Administration	2 1.0		·	TITLE	· · · · · · · · · · · · · · · · · · ·	
BORATORY	DIRECTOR'S OR PROVIDER	<b>HA J. WULL</b> R/SUPPLIER REPRESENTA	ATIVE'S SIGNA	ATURE	Prenders/Cto	07-24-0	7

PRINTED: 06/27/2007 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1090 Continued From page 1 1090 c. Carpet has loose strips at the doorway of Resident #3's bedroom d. Torn areas on the armrests of four upholstered chairs along the wall between teevision area and living room e. Chipped tile on raised area of large hallway shower room f. Lamp shade torn/bent in Resident #3's room 1 135 3505 5 FIRE SAFETY 1.135Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on 1135 3505.5 FIRE SAFETY all shifts. As per corporate & facility policy, emergency The finding includes: evacuation drills are to be conducted quarterly on each shift. The facility conducts monthly Review of the available fire drill records dated evacuation drills alternating through the shifts. from January 18, 2007, to June 4, 2007 on June This First Street facility admitted residents on 19, 2007 at approximately 9:00 AM revealed that 01-26-2007. Prior to move-in day, staff & fire drills were not conducted on the evening and residents participated in their first fire drill on 01-19-2007 at 11 am. A fire drill was night shift during the second quarter. Further 07-20-2007

least quarterly.

review revealed that fire drills were not conducted

quarter. There was no evidence that every shift

on the day and evening shifts during the third

of personnel conducted an evacuation drill at

conducted on different shifts in subsequent

different means of egress. No alteration to the

months. All fire drills will be conducted as

provided for in the policy with usage of

pattern will be made by staff.

FORM APPROVED Health Regulation Administration STEATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AMD PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAĠ REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1227 3510.5 (d) STAFF TRAINING 1 227 Continued From page 2 1227 1227 3510.5(d) STAFF TRAINING 1227 #1 & #2: Staff training had indeed expired and re-training in CPR and First Aid had been scheduled with an outside qualified Each training program shall include, but not be trainer on the best available date. However, 07-10-2007 limited to, the following: each shift did have coverage by a staff person whose certification had not expired. Staff have (c) Infection control for staff and residents; attended/ passed CPR and First Aid training. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to implement emergency measures for six of six clients in the facility. (Clients #1, #2, #3, #4, 5 and 6) The findings include: 1. Interview with the QMRP on June 19, 2007 at approximately 1:45 PM revealed that all staff would be trained in CPR by June 22, 2007. Record review on June 19, 2007 at approximately 1:50 PM revealed that nine out of twenty staff did not have current CPR certification. There was no documented evidence that all direct care staff had CPR training and current CPR certifications. 2. Interview with the QMRP on June 19, 2007 at approximately 1:55 PM revealed that all staff would be trained in First Aid by June 22, 2007. Record review on June 19, 2007 at approximately 2:00 PM revealed that seven out of twenty staff did not have current First Aid certification. There was no documented evidence that all direct care staff had First Aid training and current First Aid certifications.

**PROVISIONS** 

1391 3520.2(a) PROFESSION SERVICES: GENERAL

Each GHMRP shall have available qualified professional staff to carry out and monitor

1391

Health I	Regulation Administra	ation				FORI	WALKOVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL' A. BUILDI B. WING	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
ļ.— <u>—</u>	·	09G161	·	_			20/2007
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
CHRYSA	ALLIS			ST STREET STON, DC			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
1391	Continued From parenecessary professional accordance with the individual habilitation necessary by the improfessional service limited to, those ser trained, qualified, ar District of Columbia disciplines or areas  (a) Medicine;  This Statute is not in Based on observation failed to provicare for three of three (Resident #1, Resident #1, Resident #1, Resident #1, The facility's medito the facility's nursing was transported to the 20, 2007 for excessiby:  Review of an unusual 20, 2007 at approximation of the provice of the prov	ge 3 conal interventions, in a goals and objectives in plan, as determined terdisciplinary team. The same include, but no vices provided by individed the following of services:  The services as required law in the following of services:  The services in the same included in the same in the sam	s of every d to be The ot be lividuals ed by  d record eneral ble . #3)  respond nt #1 on June denced ed June	TAG		cian for a timely Nursing will tion with ct conversation ilieu of direct ued follow up ocumentation an begin to consiveness in we to resolve opriate or resolve the ecorporation / equire health	
	drowsy at the time o morning medications (Topamax 300mg by 50 mg by mouth for Thorazine 400mg by Clarinex 5mg by mo Resident #1 was trai	f medication pass an swere not administer mouth for aggressic self-injurious behavious mouth for aggressiouth for allergy controlusported to the emergor excessive sleening of excessive sleening.	d red on, Revia or, in and ).				

IRJ611

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE **CHRYSALLIS** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙD (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1391 Continued From page 4 1391 9:05AM. Interview with LPN #2 and review of the Medication Administration Record (MAR) on June 20. 2007 at approximately 10:15AM revealed that Resident #1 was administered Topamax 300mg. Revia 50 mg. Thorazine 400mg by mouth at 6:00PM and Clonazepam 2mg by mouth at bedtime for sleep. Review of the Psycological Assessment dated November 11, 2006 on June 19, 2007 at approximately 12:50PM revealed that Resident #1 has diagnosis of Autism and Psychotic Disorder NOS. Further interview with LPN #2 and review of the unusual incident report at approximately 10:25AM revealed that the PCP was paged two times at approximately 8:45AM and a message was left at his office with the receptionist at approximately 9:45AM to inform that Resident #1 was transported to the emerency room. There was no documented evidence during the time of the survey that the PCP responded to the facility's nursing staff when Resident #1 was transported to the emergency room on June 20, 2007 for excessive sleepiness. [Note: Review of the emerency room report dated June 20, 2007 on June 20, 2007 at approximately 1:50PM revealed that no acute problems were diagnosed and that Resident #1 was advised to follow-up with the PCP for further evaluation and work-up for excessive sleeping.] 2. The facility's medical services failed to ensure that the referral for a MRI on June 14, 2007 was completed for Resident #1 as evidenced by: Review of a Primary Care Physician (PCP) medical consult dated June 8, 2007 on June 20, #2: Referral for MRI was obtained and 2007 at approximately 1:15PM revealed an order 06-21-2007 appointment completed for MRI on 06-20for a " MRI of the brain". Review of a radiology 2007. consult dated June 14, 2007 on June 20, 2007 at approximately 1:25PM revealed "MRI, did not

<u>Health</u>	Regulation Administr	ation				TONV	IVERKOVED
AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
		09G161				06/2	20/2007
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE	•	
		ST STREET STON, DC					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1 391	Continued From pa	ige 5	. :	l 391			,
	to keep still for example to keep still for example on June 14, 2007 was a strong of the strong of t	nce that the referral for vas completed for Re dical services failed to	or a MRI sident #1 o ensure		#3 (a - c): Resident #1 was being medically evaluated for the s	s actively edated	
living activities for		not interfere with the Resident #1 as evider	daily nced by:	by his primary physician introduced a new medic drug regime. The suspe	behavior which began prior to the s by his primary physician after the n introduced a new medication to Clid drug regime. The suspected offend was held pending further evaluation	ian after the neurologist dication to Client #1's spected offending drug	
	a. Observation of Resident #1 on June 19, 2007 approximately between 12:45PM- 2:30PM revealed that Resident #1 appeared to be drifting in and out of sleep during that period of time as he laid on the couch in the living room. Further observation revealed that with several physical/verbal prompts the client was able to get up and go to the bathroom with his one to one staff member. Interview with the Administrator on June 19, 2007 at approximately 2:15PM revealed that they did not want to awaken the client because the facility wanted the psychiatrist to observe how Resident #1 was excessively sleeping when he came to the psychotropic review meeting that was scheduled that day. There was no documented evidence to substantiate that medication administered did not interfere with the resident's daily living activities.				up. The psychiatrist did visit the fa 21-2007. The primary care physici all results from EEG, MRI and labs; was cleared to attend day program 07-16-2007. Further adjustment is medication prescribed has rebalant alertness. The psychotropic medicateam shall continue to monitor and the effectiveness of drug regime; of fully documenting all concerns, obstreported side effects.	cility on 06- an reviewed resident activities on ced his ation review evaluate early and	On-going
	for the planned psyc June 19, 2007] b. Cross refer to W3 an unusual incident approximately 10:00 #1 was observed sle	est did not come to the chotropic review mee 332.1 and W331.1. Report dated June 20 AM revealed that Repepting on the couch	eview of 0, 2007 at esident when				
		uty for medication pa M. Resident #1 appo					

IRJ611

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 6 1391 drowsy at the time of medication pass and morning medications were not administered (Topamax 300mg, Revia 50 mg, Thorazine 3520.2 (a) Profession Services: 400mg and Clarinex 5mg by mouth). Client #1 General Provisions was transported to the emergency room for evaluation of excessive sleepiness at 9:05AM #3 (a - c): Resident #1 was actively Interview with LPN #2 and review of the being medically evaluated for the sedated Medication Administration Record (MAR) on June behavior which began prior to the survey date 20, 2007 at approximately 10:15AM revealed that by his primary physician after the neurologist Resident #1 was administered Topamax 300mg. introduced a new medication to Client #1's Revia 50 mg, Thorazine 400mg by mouth at drug regime. The suspected offending drug 6:00PM and Klonopin 4 mg by mouth at bedtime was held pending further evaluation and follow 07-20-2007 on June 19, 2007. There was no documented up. The psychiatrist did visit the facility on 06-21-2007. The primary care physician reviewed evidence to substantiate that medication On-going all results from EEG, MRI and labs; resident administered did not interfere with the resident's was cleared to attend day program activities on daily living activities. 07-16-2007. Further adjustment in medication prescribed has rebalanced his c. Interview with the Director of the day program alertness. The psychotropic medication review on June 21, 2007 at approximately 11:45 AM, team shall continue to monitor and evaluate revealed that on November 1, 2006 and on the effectiveness of drug regime; clearly and fully documenting all concerns, observed and November 20, 2006 the facility was informed that reported side effects. Resident #1 was observed to sleep from the time he arrived at the day program until around lunch time (11:00 AM-11:30 AM) and sometimes would fall asleep while eating his lunch. Further interview revealed that Resident #1 last attended day program on June 7, 2007 and will need to be medically cleared before returning to the day program. Review of a psychotropic review document dated November 20, 2006 on June 20, 2007 at approximately 1:35PM revealed that "some sedation reported by day program". Further review psychotropic review document revealed that Topamax 400mg twice a day by mouth was decreased to Topamax 300mg twice a day by mouth. [Note: The Primary Care Physician (PCP) has not medically cleared Resident #1 to attend the day program]

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A RIIII DING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ΙD (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1391, Continued From page 7 1391 d. Interview with LPN #2 and review of an AIMS assessment dated December 18, 2006 on June 20, 2007 at approximately 1:40 PM revealed that Thorazine dosage was increased on December 19, 2006 and that the day program stated that the Resident #1 was sleeping for two hours after arriving at the day program and was not able to do programs. Review of a psychotropic review document dated December 19, 2006, on June 20, 3520.2 (a) Profession Services: General Provisions 2007 at approximately 1:45PM revealed that target behaviors are stable but need to be of lower frequency, Thorazine 300mg twice a day by #3 (d - e); As per policy, monitoring of mouth was increased to Thorazine 400mg twice a the side effects of psychotropic medications day by mouth. There was no documented shall be on-going occurring every six months, evidence to substantiate that medication utilizing the MOSES form. The MOSES shall be administered did not interfere with the resident's reviewed by the prescribing psychiatrist. The On-going daily living activities. psychotropic medication review team will completely document all observed and reported side effects of medications, and, the team's recommended actions on the meeting e. Interview with LPN #2 and review of a nursing review sheet. progress note dated May 15, 2007 on June 20, 2007 at approximately 1:50PM revealed that Resident #1's father who is his legal medical surrogate decision maker had concerns regarding the residents's side effects from the psychotropic medications administered to manage his targeted behaviors. Review of a psychotropic review dated May 15, 2007, on June 20, 2007 at approximately 1:55 PM revealed "some\_improvement". Further review of the psychotropic review document revealed that in the side effects columns "none" was noted besides all of the psychotropic medications prescribed. There was no documented evidence to substantiate that medication administered did not interfere with the resident's daily living activities.

PRINTED: 06/27/2007 FORM APPROVED

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1395 Continued From page 8 1395 1395 3520.2(e) PROFESSION SERVICES: GENERAL 1395 **PROVISIONS** Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of two of two residents in the sample. (Resident #1 and Resident #3) The findings include: 1. The nursing staff failed to document notification to the Primary Care Physician (PCP) that Resident #1's Depakote 1000 mg was being not being administered as recommended because\_of excessive sleepiness as evidenced by: During evening medication observation on June 18, 2007 at approximately 4:45 PM the Licensed Practical Nurse #1 (LPN) revealed that Resident #1's Depakote 1000 mg by mouth was not being administered per the Primary Care Physician's (PCP) orders. Interview with LPN #1 on June 20, 2007 at approximately 5:55 PM revealed that the

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 3520.2 (e) Profession Services: 1395 Continued From page 9 1395 General Provisions nursing staff was not administering the Depakote (e) Nursing because the Resident #1 was experiencing #1: Nursing shall document all excessive sleepiness. Further interview revealed communications with physicians on the that the client's father revealed that Resident #1 appropriate format. Any clarification of medical had a history of seizures but had not had a 06-21-2007 orders shall be consistently documented. seizure in thirteen years. Review of the Initial order from MD was to hold all On-going Medication Administration Record (MAR) on June medications for 4 days. The drug in suspect 18, 2007 at approximately 5:10PM confirmed that was not resumed with the medication regime Depokate was not being administered. Review with the knowledge of the MD. of a telephone order dated May 31, 2007 on June 20, 2007 at approximately 1:00 PM revealed that the Resident #1 was ordered Depakote 500 mg by mouth every eight hours for seizure disorder by the neurologist. Review of a telephone order dated June 1, 2007 on June 20, 2007 at approximately 1:05PM revealed that the Depakote order was changed to Depakote 500 mg by mouth every AM and Depakote 1000 mg by mouth every PM. Review of a telephone order dated June 6, 2007 on June 20, 2007 at approximately 1:10 PM revealed an order to " hold Clonazepam this evening; hold Depakote for forty- eight hours...". Review of a PCP medical consult dated June 8, 2007 on June 20, 2007 at approximately 1:15PM revealed an order to "hold #2: All efforts will be used to obtain and attend all follow up appointments or labs as all prescription medication for the next four days; On-going required by the physician. Any obstacles, call me if there is a problem.....". There was no delays or alteration to those efforts will be documented evidence that the PCP was made clearly documented. aware that the Depakote was not being administered after four days as recommended. due to-excessive sleepiness. 2. The facility's nursing services failed to ensure that Resident #1 returned to the PCP's office in four days as recommended on June 8, 2007 as evidenced by: Review of a PCP medical consult dated June 8, 2007 on June 20, 2007 at approximately 1:15 PM revealed an order to "hold all prescription

PRINTED: 06/27/2007 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1395 Continued From page 10 1395 medication for the next four days; call me if there is a problem; return in four days." In an interview with LPN #2 it was acknowledged that Resident #1 did not return to the PCP's office in four days as recommended. There was no documented evidence that Resident #1 returned to the PCP's office in four days as recommended on June 8. 2007. 3. The facility's nursing services failed to ensure 3520.2 (e) Profession Services: that Resident #1 returned to the neurologist as General Provisions recommended on June 6, 2007 as evidenced by: (e) Nursing #3: All efforts will be used to obtain and Review of a telephone order dated June 6, 2007 attend all follow up appointments or labs as on June 20, 2007 at approximately 1:10 PM required by the physician. Any obstacles, revealed an order to "hold Depakote for fortydelays or alteration to those efforts will be 07-20-2007 eight hours...have patient see neurologist for clearly documented. Resident #1 did return to re-evaluation of medication." In an interview with On-going the neurologist after all tests were completed LPN #2 on June 20, 2007 at approximately 1:16 & results in-hand at the earliest available PM it was acknowledged that Resident #1 did not appointment on 07-19-07. return to the neurologist for re-evaluation as recommended. There was no documented evidence that Resident #1 returned to the neurologist for re-evaluation as recommended on June 6, 2007. 4. The facility's nursing services failed to ensure that the results of Resident #1's Depakote, CBC and CMP laboratory studies were obtained as evidenced by: #4: Nursing has limited authority to Review of a PCP medical consult dated June 8. obtain any lab reports since HIPPA. All results

2007 on June 20, 2007 at approximately 1:15PM

revealed an order for "Depakote levels, CBC and

CMP today." Interview with LPN #2 on June 20.

Resident #1's Depakote, CBC and CMP levels

were drawn on June 8, 2007 in the PCP's office.

There was no documented evidence that the results of the Depakote, CBC and CMP levels

2007 at approximately 1:20 PM revealed

6899

obtained and filed within the facility are as a

result of cooperative work with the physician

office who initiates obtaining the results from

the processing lab. The primary care physician had possession and knowledge of the lab

results; on 06-21-07, copies of the results were

made available for filing in the facility record.

On-going

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU				(X3) DATE SURVEY COMPLETED  06/20/2007		
			STREET AD	ADDRESS, CITY, STATE, ZIP CODE				
			RST STREET, SE GTON, DC 20020					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
I 395	were obtained by the [Note: Telephone in 21, 2007 at approximate results of Reside CMP levels will be to 21, 2007]  5. The facility's nurse that Resident #1's Escheduled as evided Review of the Prima dated June 8, 2007 approximately 11:50 recommendation for EEG. Interview with approximately 10:50 laboratory study has scheduled. There were considered to the proximately to the scheduled.	ne facility.  Interview with LPN #2 mately 12:30PM revent #1's Depakote, of faxed to the facility of facility of the facility of facility of facility of facility of facility.  In facility.	ealed that CBC and n June or ensure or sorders t ve an D, 2007 at lee d or t the EEG	I 395	#5: Client #1's EEG was sched by nursing. Client #1 arrived late to due to am rush-hour traffic and the test left as she had other schedules to ke appt. was re-booked by nursing at neavailable at any facility contacted, at kept by client #1 on 06-21-2007.	first appt technician eep. The ext	06-21-2007	
	21, 2007 at approxi Resident #1 is sche 26, 2007]  6. The facility's nurs Resident #3's labor timely as evidenced	terview with LPN #2 mately 12:25PM reve eduled for an EEG o sing services failed to ratory studies were of by: ary Care Physician's	ealed that n June o ensure conducted		#6: All efforts will be used to o			
	dated May, 2007 on approximately 3:50 for Resident #3 to I done every three manner Retardation 19, 2007 at approximate laboratory study		nendation ma levels Qualified P) on June aled that rmed or		attend all follow up appointments, la results as required by the physician. obstacles, delays or alteration to the will be clearly documented.	abs or Any	06-21-2007 On-going	

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) 1395 Continued From page 12 1395 June 19, 2007 at approximately 3:52 PM revealed no documented evidence of the laboratory studies for primidone plasma levels since October, 2006. There was no evidence that the laboratory study was obtained as recommended. 7. The facility's nursing services failed to obtain 1395 (e) Nursing the results of Resident #3's urology consult as evidenced by: #7 - 8: All efforts will be used to obtain and attend all follow up appointments, labs or 07-20-2007 results as required by the physician. Any Review of a urology consult dated June 6, 2006 obstacles, delays or alteration to those efforts on June 19, 2007 at approximately 3:40 PM will be clearly documented. revealed that Resident #3 had an examination performed on June 6, 2007. In an interview with the QMRP on June 19, 2007 at approximately 2:45 PM it was acknowledged that Resident #3's urology results had not been obtained by the facility. There was no documented evidence that Resident #3's urology results had not been obtained by the facility. 8. The facility's nursing services failed to weigh Resident # 2 as evidenced by: Review of the Primary Care Physician's (PCP's) progress note revealed a recommendation for Resident #2 to be weighed twice a week for one month. In an interview with the LPN on June 20. 2007 at approximately 12:15PM it was acknowledged that Resident #2 was not weighed twice a week for one month as recommended. There was no documented evidence that Resident #2 weighed twice a week for one month by the facility.

9. The facility's nursing services failed to ensure that all staff working with the clients has been trained on the signs and symptoms of aspiration for Resident #1, Resident #2 and Resident #3

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 06/20/2007 09G161 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1395 Continued From page 13 1395 (e) Nursing as evidenced: #9 (a - c): · Signs and symptoms of 06-27-2007 aspiration training was conducted on: 06-27a. Observation of the dinner meal on June 18, 2007. This is an annual training covered by 2007 at approximately 6:05PM revealed that the nursing, speech and nutrition. resident's one to one had to give him verbal prompts to slow down his eating pace. Further observation revealed that the resident did comply and slowed down his eating pace. Review of staff training records on June 19, 2007 at approximately 1:15PM revealed no evidence that staff received training to address the signs and symptoms of aspiration. Review of Resident #1's Speech Therapist assessment dated November 11, 2006 on June 19, 2006 at approximately 1:10PM revealed a recommendation to monitor resident for rapid eating at mealtime. There was no evidence of training on the signs and symptoms of aspiration. b. Observation of the dinner meal on June 18, 2007 at approximately 6:15PM revealed that the resident's one to one had to give him verbal prompts to slow down his eating pace. Further observation revealed that the resident did comply and slowed down his eating pace. Review of staff training records on June 19, 2007 at approximately 1:15PM revealed no evidence that staff received training to address the signs and symptoms of aspiration. Review of Resident #2's Speech Therapist assessment dated October 14. 2006 on June 19, 2006 at approximately 10:54AM revealed a recommendation to monitor resident for rapid eating at mealtime. There was no evidence of training on the signs and symptoms of aspiration. c. Observation of the dinner meal on June 18, 2007 at approximately 6:15PM revealed that the resident had to given verbal prompts to slow down his eating pace. Further observation

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1395 Continued From page 14 1395 revealed that the resident did comply and slowed down his eating pace. Review of staff training records on June 19, 2007 at approximately 1:15PM revealed no evidence that staff received training to address signs and symptoms of aspiration. Review of Resident #3's Speech Therapist assessment dated May 28, 2006 on June 19, 2006 at approximately 9:50AM revealed a recommendation to monitor the residentfor rapid eating. There was no evidence of training on the signs and symptoms of aspiration. 1401 3520.3 PROFESSION SERVICES: GENERAL 1401 **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that medication administered for behavior management does not interfere with the daily living activities for one of three residents in the sample. (Resident #1). The finding includes: 1. Observation of Resident #1 on June 19, 2007 approximately between 12:45PM-2:30PM revealed that Resident #1 appeared to be drifting in and out of sleep during that period of time as he laid on the couch in the living room. Further observation revealed that with several physical/verbal prompts the client was able to get up and go to the bathroom with his one to one staff member. Interview with the Administrator on

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE **CHRYSALLIS** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) 1401 3520.3 Profession Services: General 1401 Continued From page 15 1401 Provisions June 19, 2007 at approximately 2:15PM revealed: #1 - 2: Resident #1 was actively being that they did not want to awaken the client medically evaluated for the sedated behavior because the facility wanted the psychiatrist to which began prior to the survey date by his observe how Resident #1 was excessively primary physician after the neurologist sleeping when he came to the psychotropic introduced a new medication to Resident #1's review meeting that was scheduled that day. drug regime. The suspected offending drug There was no documented evidence to was held pending further evaluation and follow substantiate that medication administered did not up. Once it was determined that there were interfere with the resident's daily living activities. no other pathology contributing to his level of drowsiness, medications were adjusted further at the psychotropic medication review on 07-07-20-2007 [Note: The psychiatrist did not come to the facility 17-07 by the psychiatrist. for the planned psychotropic review meeting on June 19, 20071 As per policy, monitoring of the side effects of psychotropic medications shall be on-going 2. Cross refer to W332.1 and W331.1. Review of occurring every six months, utilizing the MOSES an unusual incident report dated June 20, 2007 at form. The MOSES shall be reviewed by the approximately 10:00AM revealed that Resident prescribing psychiatrist. The psychotropic medication review team will completely #1 was observed sleeping on the couch when document all observed and reported side LPN #2 arrived on duty for medication pass at effects of medications, and, the team's approximately 7:45AM. Client #1 appeared too recommended actions on the meeting review drowsy at the time of medication pass and sheet. morning medications were not administered (Topamax 300mg, Revia 50 mg, Thorazine 400mg and Clarinex 5mg by mouth). Client #1 was transported to the emergency room for evaluation of excessive sleepiness at 9:05AM. Interview with LPN #2 and review of the Medication Administration Record (MAR) on June 20, 2007 at approximately 10:15AM revealed that Resident #1 was administered Topamax 300mg, Revia 50 mg, Thorazine 400mg by mouth at 6:00PM and Klonopin 4 mg by mouth at bedtime on June 19, 2007. There was no documented evidence to substantiate that medication administered did not interfere with the resident's daily living activities.

3. Interview with the Director of the day program on June 21, 2007 at approximately 11:45 AM, revealed that on November 1, 2006 and on

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 06/20/2007 09G161 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 1401 Continued From page 16 I 401 November 20, 2006 the facility was informed that Client#1 was observed to sleep from the time he arrived at the day program until around lunch time 1401 3520.3 Profession Services: General (11:00 AM-11:30 AM) and sometimes would fall **Provisions** asleep while eating his lunch. Further interview revealed that Resident #1 last attended day Resident #1 was actively being program on June 7, 2007 and will need to be medically evaluated for the sedated behavior medically cleared before returning to the day which began prior to the survey date by his program. Review of a psychotropic review primary physician after the neurologist introduced a new medication to Resident #1's document dated November 20, 2006 on June 20, drug regime. The suspected offending drug 2007 at approximately 1:35PM revealed that 07-16-2007 was held pending further evaluation and follow "some sedation reported by day program". up. Once it was determined that there were Further review psychotropic review document no other pathology contributing to his level of revealed that Topamax 400mg twice a day by drowsiness, medications were adjusted further mouth was decreased to Topamax 300mg twice at the psychotropic medication review on 07a day by mouth. 17-07 by the psychiatrist. The PCP released resident #1 to return to day (Note: The Primary Care Physician (PCP) has not program activities effective 07-16-2007. medically cleared Resident #1 to attend the day program] 4. Interview with LPN #2 and review of an AIMS assessment dated December 18, 2006 on June 20, 2007 at approximately 1:40 PM revealed that Thorazine dosage was increased on December 19, 2006 and that the day program stated that the client was sleeping for two hours after arriving at the day program and was not able to do programs. Review of a psychotropic review document dated December 19, 2006, on June 20, The monitoring of the side effects of -2007-at approximately 1:45PM revealed that psychotropic medications shall be on-going target behaviors are stable but need to be of occurring every six months, utilizing the MOSES lower frequency, Thorazine 300mg twice a day by form. The MOSES shall be reviewed by the 07-20-2007 mouth was increased to Thorazine 400mg twice a prescribing psychiatrist. The psychotropic medication review team will completely day by mouth. There was no documented document all observed and reported side evidence to substantiate that medication effects of medications, and, the team's administered did not interfere with the resident's recommended actions on the meeting review daily living activities.

Health Regulation Administration

sheet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE-SURVEY COMPLETED		
09G161				B. WING_		06/20/2007		
NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP CODE					
			ST STREET, SE GTON, DC 20020					
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION SHOULD BE COMPLE  O THE APPROPRIATE DATE		
1 401	Continued From page 17  5. Interview with LPN #2 and review of a nursing progress note dated May 15, 2007 on June 20, 2007 at approximately 1:50PM revealed that Resident #1's father who is his legal medical surrogate decision maker had concerns regarding the client's side effects from the psychotropic medications administered to manage his targeted behaviors. Review of a psychotropic review dated May 15, 2007, on June 20, 2007 at approximately 1:55 PM revealed "some improvement". Further review of the psychotropic review document revealed that in the side effects columns "none" was noted besides all of the psychotropic medications prescribed. There was no documented evidence to substantiate that medication administered did not interfere with the clients' daily living activities.			#5: The psychotropic medicatic team will completely document all of and reported side effects of medicatic concerned parties' comments & obstand, the team's recommended action meeting review sheet. Medication reshall be continued to be conducted in	bserved tions, all ervations, ins on the eviews	07-20-2007		
	The habilitation and GHMRP shall include be limited to, the formuse of adaptive equappropriate utensils. This Statute is not Based on observation review, the facility frowned and/or consudaptive equipment the sample. (Residual The findings included approximately 6:05	sing (including table rations); met as evidenced by on, interview and recalled to ensure that distently utilized presont, for two of three restent #1 and Resident	s by the e, but not manners, cord elients ribed idents in #3)	1430				

PRINTED: 06/27/2007 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G161 06/20/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3765 FIRST STREET, SE CHRYSALLIS WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1430 Continued From page 18 1430 In response to 1430(1-2), hand to eat his prescribed diet from a scoop the facility says as follows: plate. In an interview with the client's one to one 1. Although the purpose of on June 18, 2007 at approximately 6:15 PM it 6/27 /07 the use of a plate guard is to was acknowledged that Resident #1 used a prevent spillage and a scoop scoop plate instead of a plate quard during and plate also prevents spillage, mealtime. Review of the OT assessment dated ongoing the direct care staff has been November 11, 2006 on June 19, 2007 at retrained to ensure that client approximately 12:55 PM revealed a #1 uses only plate guard recommendation for Client #1 to utilize a plate guard. Review of the Individual Support Plan during mealtime until the OT (ISP) dated November 14, 2006 on June 8, 2007 reviews the assessment at approximately 12:45 PM revealed that it was recommended that Resident #1 utilize a plate The QMRP and the Manager 6/27/07 quard during mealtime. There was no evidence will aggressively monitor the and that Resident #1 used a plate guard at mealtime staff to ensure consistent as recommended by the ISP. ongoing compliance with this protocol. 2. Observation during the lunch mealtime on June 18, 2007 at approximately 11:40 AM 2. As further response to revealed that Resident #3 was served his prescribed diet in a divided plate and he was 1430, the facility say as holding a built-up angled spoon in his right hand. follows: Further observation revealed that Resident#3 a. The Day Program was coughed twice when drinking from the paper cup. fully aware that client #3 In an interview with the day program staff on June uses an open handled spout 18, 2007 at approximately 11:50 PM it was mug. acknowledged that Resident #3 used a paper cup b. Client continues to use an instead of an opened handled spout mug during mealtime. Further interview revealed that Resident #3 did have an opened handled spout mug to use at the day program during mealtime. Review of the Individual Support Plan (ISP)

dated June 13, 2006 on June 19, 2007 at approximately 9:25 AM revealed that it was recommended that Resident #3 utilize an opened handled spout mug during mealtime. Review of the Speech Therapist assessment dated May 28. 2006 on June 19, 2007 at approximately 9:50AM revealed a recommendation to monitor client for rapid eating. There was no evidence that

			(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
09G161			B. WING _	B. WING		06/20/2007		
			DDRESS, CITY, STATE, ZIP CODE					
			ST STREET, SE GTON, DC 20020					
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINTED DEFICIENCY)	JLD BE	(X5) COMPLETE DATÉ	
I 430	Resident #3 used an opened handled spout mug at mealtime as recommended by the ISP at the day program.  3. Observation during the dinner mealtime in the facility on June 18, 2007 at approximately 6:05 PM revealed that Resident #3 was served his prescribed diet in a divided plate and he was holding a built-up angled spoon in his right hand. Further observation revealed that Resident #3 coughed twice when drinking from a standard type cup. In an interview with the direct care staff on June 18, 2007 at approximately 6:12 PM it was acknowledged that Resident #3 used a standard cup instead of an opened handled spout mug during mealtime. Review of the Individual Support Plan (ISP) dated June 13, 2006 on June 19, 2007 at approximately 9:25 AM revealed that it was recommended that Resident #3 utilize an opened handled spout mug during mealtime. Review of the Speech Therapist assessment dated May 28, 2006 on June 19, 2006 at approximately 9:50AM revealed a recommendation to monitor client for rapid eating. There was no evidence that Resident #3 used an opened handled spout mug at mealtime as recommended by the ISP.			I 430	open handled spout mug in the day program.  The QMRP will further have a case conference the day program to ensure that there is no repeat of the deficiency and or other concerns.  3. As further response to 1430, the facility says the direct care staff has been in serviced to ensure that client # 3 and other individuals being served use the appropriate and recommended adaptive equipments during mealtime.  The QMRP and the House Manager will monitor the staff to ensure full compliance with the mealtime protocol for all the individuals being served in the facility.		7/26/07 6/27/07 and ongoing 6/27/07 and ongoing	
1 431	3521.7(b) HABILITA	ATION AND TRAINII	٧G	I 431				
	The habilitation and GHMRP shall include be limited to, the follow) Toileting (including)	le, when appropriate lowing areas:	e, but not					
	This Statute is not r Based on observation review, the facility faceword and/or consist	on, interview and rec illed to ensure that c	ord lients					

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			<del></del>	(X3) DATE SURVEY COMPLETED		
			STREET AD	DRESS, CITY,	STATE, ZIP CODE	] 00/2	2007	
CHRYSA	ALLIS			ST STREET GTON, DC				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	VE ACTION SHOULD BE COMPL D TO THE APPROPRIATE DATI		
I 442	The finding included During an environmareas on June 19, 2 10:00AM revealed to chair in the facility found to	t, for one of three clie #3) s: nental observation of 2007 at approximatel that there was not a sor Resident #3 to util erview with the QMRF mately 10:15 AM it w Resident #3 did not hew of Resident #3's 0 May 20, 2006, at DAM on June 19, 200 endation that the clie e was no evidence the shower chair as	all client y shower ize during on June as nave a DT or nt have a nat the	I 431	I 431 3521.7 (b) Habilitation and (b) Toileting (including use of equipm Resident #3 has the use of a built-in bench, making an additional shower redundant, and reducing bathing spato the home's relocation to this facilit shower chair was utilized, and then dafter our move. The purpose of using "shower chair" is for the person to sit while bathing; the shower bench facil purpose.  As a response to 1442, the facility says as follows:  a. Client # 3 has received a comprehensive money management assessment.  b. The QMRP will ensure	shower chair ice. Prior ty, a liscarded g a safely litates this	01-26-2007	
	The habilitation and GHMRP shall include be limited to, the following action. This Statute is not represent the facility faright to be taught to to the extent of their clients in the sample (Resident #3).	training of residents le, when appropriate lowing areas:  Int (including use of le ivities);  The as evidenced by:  The as evidenced	by the but not eisure ord ents' al affairs of three		effective implementation of any program based on the assessment for client #3.  c. Aggressive quality assurance will be provided henceforth to ensure that client # 3 and other individuals being served receive money management assessments timorously to ensure continuous protection of the rights of the individuals to manage their financial affairs to best of their capabilities.	nt on	ongoing 7/10/07 and ongoing	

PRINTED: 06/27/2007 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE **CHRYSALLIS** WASHINGTON, DC 20020 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1442 | Continued From page 21 1442 Professional (QMRP) on June 19, 2007 at approximately 4:15PM revealed that Resident #3 had not received a comprehensive money management assessment that outlined his current skills and specific needs in this area. Review of Resident #3's Individual Support Plan (ISP) dated June 13, 2006, at approximately 4:20PM on April 19, 2007 confirmed the QMRP's statement. There was no evidence that Resident #3 was taught to manage his finances to the extent of his capability. 1500 3523.1 RESIDENT'S RIGHTS 1500 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, and interviews the facility failed to demonstrate how the rights of all clients were protected and failed to allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States for six of six residents in the facility. The finding includes: During the survey conducted June 18-20, 2007. 1500 3523.1 Resident Rights there was a voice alarm that rang each time one The non-commercial security system in the of the exit doors was opened. Interview with the home does have the optional ability to Administrator on June 19, 2007 at approximately 08-03-2007

at 3:00 PM revealed that the door voice alarm

Further interview revealed that the door voice alarm system had not been approved by the

Human Rights Committee (HRC).

was to prevent intruders from entering the facility.

announce an exterior door opening. This

feature will be presented during the next

scheduled HRC meeting as requested.

PRINTED: 06/27/2007 FORM APPROVED

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION A. BUILDING B. WING \_ 09G161 06/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3765 FIRST STREET, SE **CHRYSALLIS** WASHINGTON, DC 20020 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY)